VACANCY NOTICE

FOR OPPORTUNITIES IN RHODE ISLAND STATE GOVERNMENT

| Description of Position | TITLE OF POSITION: | Institutio | n Attendant (Psychiatric) | CLASSIFICATION C | ODE: | 02153201 | | |
|-----------------------------------|--|--------------|--|---------------------------------------|---------------------|---|--|--|
| | SALARY RANGE: | | \$35446 314A | REFERENCE POSIT | | 01072-10000 | | |
| | Department or Agency | Name | BHDDH | | APPLICATION PERIOD: | | 5/27/11 TO 6/2/11 | |
| | Division/Section/Unit | | HOSPITAL & COMM REHAB SVS | GRACE PERIOD ENDS 6/5/2011 AT 4:00 PM | | | 1 AT 4:00 PM | |
| | Assignment(s) / Comments **AM 11 - DAYS OFF TUE/W | | | | | | | |
| io | Shift and Days: * | **3RD | | Job Location: | ELEANOR | SLATER HOSPITA | AL HOSPITAL | |
| ipt | Restrictions/Limitation | | | | | | | |
| scr | | | argaining Union Agreement | Yes | Χ | No | _ | |
| De | Name of Bargaining Unit Union: COUNCIL 94/LOCAL 1350 | | | | | | | |
| _ | There is is notX a Civil Service List for this position See A/B or Both for Specific Instructions * NOTE: If there is a list, only laterals (employees with the same title) or individuals certified by OPA may be appointed to this position | | | | | | | |
| | | | | | | | | |
| General Information to Candidate | INSTRUCTIONS: | VEELAT | TRAL DIDDED: SU | | | | | |
| | A. STATE EMPLOYEE LATERAL BIDDER: Bids are now being accepted for the position(s) indicated. If you are currently in this classification and wish to bid, please complete fully the CS-14 Application Form; and RIEEO 378 Affirmative Action Card. Remember to include, either on the application or | | | | | | | |
| | wish to bid, please complete day the Co-14 Application 1 offit, and NiEEO 376 Animatic Retion Card. Remember to include, eather of the application of within a cover letter, both the File Position Title and Number. | | | | | | | |
| | Most Important - Please include the following information: | | | | | | | |
| | The title of the position for which you are applying Nee of deartificity where you are currently employed | | | | | | | |
| | | | | | | | | |
| San | • Title of your present position and date you entered it | | | | | | | |
| 0 0 | Date you entered State ser | rvice | | Pi ent Un ations | | | | |
| ñ | *** In certain agend | cies, barg | aini C in a i S iraci a Silaci | diversitial col | nsideration a | according to cont | ract. | |
| tio | B. NON INCUMBE | NT/NO | TAF PLC 3 1 1 | 4 | | | | |
| 3 | If indicated above that provide the case of position, or be in State service to apply. All informative requested on the application must be applied by the agency Personnel Office to determine your qualification an item does not apply by the agency provided by the agency Personnel Office to determine your qualification and item does not apply by the agency provided by the agency Personnel Office to determine your qualification and item does not apply by the agency provided by the agency Personnel Office to determine your qualification and item does not apply by the agency Personnel Office to determine your qualification and item does not apply by the agency Personnel Office to determine your qualification and item does not apply by the agency Personnel Office to determine your qualification. | | | | | | | |
| for | | | | | | | | |
| <u> </u> | an item does not apply application form, you m | yd o d iy | deratio o ar ication. | ite in the letters "N.A." for | Not Applicable | . If you fall to answer | all the questions on the | |
| ral | C. AMERICANS V | D SA | | ISIONS: | | | | |
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| | ACCOMMODATION, the the reconstruction of the | | | | | | | |
| | Medical Information: | | | | | | | |
| | Any medical exams required for this position will be performed after a conditional offer of employment has been made in accordance with the | | | | | | | |
| | Rules/Regulations of the Americans with Disabilities Act (ADA). | | | | | | | |
| ıties | DUTIES / RESPO | NSIBILIT | TIES: | | | | | |
| | TO PROVIDE DIRECT CARE AND TREATMENT TO SEVERELY AND CHRONICALLY MENTALLY | | | | | | | |
| ٥ | DISABLED PATIENTS AND EXERCISE CUSTODY AND SUPERVISION OF SUCH PATIENTS | | | | | | | |
| ٥ | TO PROVIDE DIRECT CARE AND TREATMENT TO SEVERELY AND CHRONICAL DISABLED PATIENTS AND EXERCISE CUSTODY AND SUPERVISION OF SUCH FROM CONSISTENT WITH NURSING CARE AND TREATMENT PLANS; TO DO RELATED REQUIRED. | | | | | | | |
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| | EDUCATION / EV | (DEDIEN | OF / OPEOUAL PEOUBPE | MENTO | | | | |
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| on | | | ng the duties of the position a | | | | | |
| ati ce | EDUCATION: SUCH AS MAY HAVE BEEN GAINED THROUGH: COMPLETION OF 8 SCHOOL GRADES OR EXPERIENCE: EMPLOYMENT IN A PRIVATE HOSPITAL/CLINICAL PROGRAM INVOLVING THE | | | | | | | |
| num Educat Experience | CARE/CUSTODY/TREATMENT/REHABILITATION OF SEVERELY & CHRONICALLY MENTALLY DISABLED PERSONS. OR, | | | | | | | |
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| ĒW | | | WS OF RI AND MUST MAIN | | | | | |
| Minimum Education & Experience | TIERETTI ER GER | | TO OT THE MOOT WE HAVE | ., | 10111011710 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |) | |
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| | | | shown on this announcement. NO | | | | | |
| | application or bid. This Office does not assume responsibility for applications sent through the mail. SEND RESUME or CS-14 Application to: PLEASE | | | | | | | |
| o. | US MAIL ONLY | | | | | | (RHODE) | |
| Where to Apply | GAIL KRIKORIAN | _ | | | | | | |
| | OHHS Human Reso | | rvice Center | TTV/TDD # | 744 | | - / | |
| ₹ ` | Benjamin Rush Bldg | g. | | TTY/TDD #: | 711 |)oof) | | |
| | 55 Howard Ave. Cranston, RI 02920 | 1 | | (Telecommunication De | evice for the L | real) | C. C | |
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